

Diffuse Mesothelioma Special Payment Application Form

Application from an adult who has **diffuse mesothelioma** for an interest free loan payment under Article 8(2) and 8(5) of the Income Support (Jersey) Law 2007.

Fill in this form if:
☐ you have diffuse mesothelioma (DM); or
\square you are acting on behalf of someone who has DM
Please read these notes and the Policy Guidelines before you fill in this form
Policy Guidelines
Please refer to section 8.9 of the "Income Support Policy Guidelines" document for further details

How Customer and Local Services (CLS) collects and uses information

We need to collect information about you in order to allow the Minister for Social Security to make a decision on your loan payment.

We may get information about you from others for any of our purposes if it is legal for us to do so. We may also share information with certain other people and organisations if it is legal for us to do so.

Notes

What is a diffuse mesothelioma special payment?

People who have diffuse mesothelioma (DM) caused by exposure to asbestos in Jersey can apply for a lump-sum interest free loan payment.

You can apply if you:

- are 18 years or older
- live in Jersey and have done so for the last 5 years
- were exposed to asbestos-containing materials (ACMs) in Jersey. Normally this will be through your work history and we will check this against your records held by CLS.
- Have had a diagnosis of diffuse mesothelioma from a Hospital Consultant in Jersey. Your Respiratory Consultant in Jersey will give you a letter confirming your diagnosis

You cannot apply for a payment if:

- you have not been diagnosed with DM; or
- you were not exposed to ACMs in Jersey

What if I've started another claim?

If you have **started a claim** for your exposure to ACMs already, you can still apply. However, if you are awarded a payment under that claim, you will be required to repay the loan you receive up to the total value of the loan.

What if I've already received a payment?

If you have **already been awarded** compensation or any other payment for exposure to ACMs you can still apply. However, the amount you have already received will be deducted from the maximum available and you will receive a lower amount.

What if I die before I receive a payment?

We will work with you to process your claim without delay. If you die before your application has been completed, a close relative may be able to apply for a lower loan amount.

When to apply

- If you were diagnosed at any time before 01 January 2019 you can apply up to 31 December 2019;
- If you have had a diagnosis of DM since 1 January 2019 you can apply for up to 12 months from the date of your diagnosis

Part 1: About You – the person who has DM												
Title- tick box	□М	r 🗆 N	⁄Irs □	Mis	s 🗆 l	Ms □	Mx					
Family Name or Surname												
All other names – in full												
Any other surnames – include all former names												
Date of Birth	D	D	M	M	Υ	Y	Υ	Y				
Social Security Number (if known)	JY											
Current Address							Pos	tcode	J	E		
Contact Telephone Number:												
E-mail:												
Have you lived in Jersey for the last 5 years without a break?		lo	□ Ye	es								

Part 2: About your diagnosis of DM and exposure	to Asbes	stos-C	ontain	ing Ma	ateria	ls (ACN	ls)			
 Date of diagnosis. If you were diagnosed: before 01 January 2019 you must apply on or before 31 December 2019; on or after 01 January 2019, you must apply within 12 months of your diagnosis. 	D D	M	M Y	/ Y	Υ	Υ				
Which Consultant in Jersey provided you with your diagnosis of DM? You will need to provide a copy of your letter from your Consultant confirming your diagnosis with your application.	☐ Dr Ha ☐ Dr Pe		inle							
If you do not have a letter confirming your diagnosis, please ask CLS for advice.										
Were you exposed to Asbestos-Containing Materials (ACMs) in Jersey? Provide details of when you were exposed and the activities you were doing.	□ No □ From	Yes.	Provid M	e deta	ils bel	OW: To	М	M	Υ	Υ
For example, if you were exposed at work give the name of your employer and dates of employment. Describe briefly how your job exposed you to ACMs.										
If you were not exposed at work, explain how you were exposed and give approximate dates.										

Part 3: Compensation or other payment	
Have you been paid any compensation or other payment_because of your exposure to asbestoscontaining materials? This includes payments made in Jersey or in any other country.	□ No □ Yes. Provide details below (including total monetary value):
 For example: damages awarded by a Court; an out of Court settlement; compensation from an employer; payment from an Armed Forces Compensation Scheme; payment from the UK government's Worker's Compensation (1979) Scheme or 2008 Scheme; payment from the UK's Diffuse Mesothelioma Payment Scheme (DMPS). 	
If you have already been awarded a payment for exposure to asbestos-containing materials, you can still apply. However, the amount you have already received will be taken into account when calculating the loan payment.	If you need more space, please use a separate piece of paper and attach it to your application form.
Are you waiting to hear about any compensation or other claim because of your exposure to asbestoscontaining materials?	□ No □ Yes. Provide details below:
If you have started a civil compensation claim or any other claim in respect of your exposure to asbestoscontaining materials and may receive a payment in Jersey or in any other country, you can still apply. However, if you are awarded a payment, you will be required to repay some or all of your loan.	If you need more space, please use a separate piece of paper and attach it to your application form.

Part 3: Compensation or other payment (Continue	ed)										
Do you have a legal representative acting on your behalf in bringing a court action or a claim for compensation?	 □ No □ Yes. Provide the details of your legal representative below: Legal Representative's Name: 										
	Legal Representative's Company Name and Address:										
	Postcode J E										
	Contact Number:										
	Case Reference(s)										

Part 4: How we pay you and the account you wan	t to ı	ıse									
If you are awarded a loan payment, we will pay it	nto	an a	acco	oun	t he	eld i	in J	erse	ey.		
This payment is made as a loan and you will need to repay some or all of it if you receive a separate payment due to your exposure to asbestos-containing materials (ACMs)											
You must tell CLS if you receive any payment due to your exposure to asbestos-containing materials (ACMs)											
The Minister may require you to repay the loan if	you	do r	not 1	tell	CL	S al	bou	t a	pay	me	nt you receive.
Use same account details as Jersey OAP payments?	☐ Yes. I receive a Jersey old age pension and wish to receive the loan payment into the same account.										
	\square No - please pay the loan payment to the account details below									t to the account details below	
If No, provide bank details:											
Name of the account holder(s). Write the name of the account holder(s) exactly as it is shown on your bank statement or chequebook.											
Name of the bank											
Account Details											
Sort Code. This has 6 numbers: 12-34-56			-			_					
Account Number. Most are 8-10 numbers long.											

Part 5: Choosing someone to act on your behalf													
You can appoint an agent to act on your behalf. The agent can be a friend or relative or someone else who is helping you with your application.	Do you want to appoint an agent?												
	☐ No ☐ Yes. Provide the details of your agent below:												
	Agent's Name:												
An agent can:													
 receive information about your application; OR receive information and make decisions about your application. 	Agent's Address:												
	Postcode J E												
	Agent's Contact Number:												
Is your agent also your next of kin?	□ No □ Yes												

Par	t 6a: Declaration of Applicant
Tick	k each statement of the declaration below to confirm that you understand and agree to these conditions:
	I declare that the information I have given on this form is correct and complete as far as I know and believe.
	I understand that if I knowingly give information that is incorrect or incomplete, I may have to repay any loan that I receive.
	I understand that I must promptly tell CLS if I get a payment from another source for exposure to asbestos-containing materials (ACMs) and if I fail to promptly tell CLS I may be required to repay the loan.
	I understand that if I receive a loan payment and I then get a payment from another source for exposure to asbestos-containing materials (ACMs) I will need to repay some or all of the loan.
	I understand that CLS may verify the information I have provided them against information it holds about me.
	I understand that CLS may contact my hospital consultant to verify details of my diagnosis.
	I wish to make a claim for an interest free loan payment and I have signed the "Loan Payment Agreement" included in Part 7 of this form.
Par	t 6b: Appointing an Agent
Tick	k one:
	I do not want to appoint an agent at this time.
	I want to appoint the Agent named in Part 5 to act on my behalf to receive information about my claim.
	I want to appoint the Agent named in Part 5 to act on my behalf regarding all matters relating to my claim.
Prir	nt Name:
Sig	nature:
Date	e: D D M M Y Y Y

Part 7 – LOAN PAYMENT AGREEMENT

DIFFUSE MESOTHELIOMA SPECIAL PAYMENT - LOAN PAYMENT AGREEMENT

THIS AGREEMENT is made the day of 20[insert year]

BETWEEN:

The Minister for Social Security ("the Minister")

and;

[<insert name of Eligible Applicant>], ('The Applicant').

together the 'Parties'

WHEREAS

The Minster has agreed to enable a one-off special interest free loan payment to be made:

to an individual who, as a result of exposure to asbestos fibres in Jersey, has contracted Diffuse Mesothelioma; or

following the death of an individual who as a result of exposure to asbestos fibres in Jersey, has contracted Diffuse Mesothelioma: to a close relative of the individual.

The Minister makes this payment under the vires of Article 8 (2) and (5) of the Law.

The Applicant has applied for a payment.

The Parties wish to record the payment, on a binding basis, on the terms set out below.

IT IS HEREBY AGREED AS FOLLOWS:

Interpretation

A word importing one gender shall (where appropriate) include any other gender and a word importing the singular shall (where appropriate) include the plural and vice versa.

The headings in this Agreement are for convenience only and do not affect its interpretation.

"A Claim" means any action, claim, right, demand and set-offs, whether in this jurisdiction or any other, whether or not presently known to the parties or to law, and whether in law or equity.

Agreement

On signature of this Loan Payment Agreement by the Parties this agreement shall (subject only to the provisions of this Loan Payment Agreement) become a binding agreement between the Parties. The terms of this Loan Payment Agreement shall be enforceable as a contract by any party.

The Applicant confirms that (s)he understands fully the terms and effect of this Loan Payment Agreement and is not aware of any matter that would adversely impact on the enforceability of any of its terms.

Subject to the terms and conditions, the Minister shall grant the Applicant a payment as detailed in section 8.9 of the published Policy Guidance ("the Loan Payment").

The Applicant commits to notify the Minister promptly in the event that the Applicant receives compensation from a separate claim for exposure to asbestos-containing materials.

The Applicant commits to repay the Minister the value of any additional compensation received up to the full value of the Loan Payment in the event that the Applicant receives compensation from a separate claim for exposure to asbestos-containing materials following receipt of the Loan Payment

Payment

The Minister shall make the interest free Loan Payment.

The Parties have agreed that the Loan payment will be made to the bank account referenced in Part 4 of this application.

A table of payment values is included in the Income Support Policy Guidelines document. This document is public and can be found here – <u>Policy Guidelines</u>

Warranty

Each Party confirms in respect of itself that it does not have any knowledge of any other claims arising in connection with the Application as at the date of this Agreement.

Liability

Nothing in this Agreement shall be represented or construed as an admission of liability on the part of the Government of Jersey.

Variations

No amendment or variation of this Agreement will be valid unless agreed in writing by an authorised signatory of each Party.

Governing law and jurisdiction

This Agreement shall be governed by and construed in accordance with Jersey law. Any dispute arising out of or in connection with, or concerning the carrying into effect of, this Agreement shall be subject to the exclusive jurisdiction of the Royal Court of Jersey, and the Parties hereby submit to the exclusive jurisdiction of that court for these purposes.

SIGNATORIES Signed: For and on behalf of the Minister Payment Sum: £..... Signed: Applicant